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INTRA-INSTITUTIONAL ADMINISTRATIVE PROBLEMS--A PARADIGM FOR EMPLOYEE STIMULATION.

BY- CLELAND, CHARLES C. PECK, ROBERT .

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TO DEVELOP A PROPOSAL FOR POSITIVE EMPLOYEE STIMULATION, A STUDY WAS MADE OF MOTIVATIONAL FACTORS AMONG ATTENDANTS AT INSTITUTIONS FOR MENTAL RETARDATES. ATTENDANTS AT SUCH INSTITUTIONS ARE SUBJECTED TO A GREATER AMOUNT OF CULTURE SHOCK AND SOCIAL DEPRIVATION THAN OTHER EMPLOYEES. OVER LONG PERIODS OF TIME THIS CAUSES A DETERIORATION OF ATTENDANTS' ATTITUDES, ESPECIALLY TOWARD MORE SERIOUSLY RETARDED PATIENTS. A SUGGESTED PROCEDURE FOR IMPROVED NEED-SATISFACTION OF ATTENDANTS AND CONSEQUENT IMPROVED WELFARE OF PATIENTS INCLUDES THE FOLLOWING COMPONENTS--(1) STUDY OR TEACHING SABBATICALS FOR ATTENDANTS, (2) JOB ROTATION WITHIN THE INSTITUTION FOR ATTENDANTS, (3) ASSISTANCE FROM PROFESSIONAL BEHAVIORAL SCIENCE CONSULTANTS IN TRAINING PROGRAMS FOR ATTENDANTS, (4) A TRAINING AND OBSERVATION WARD FOR ATTENDANT LEARNING, (5) SEMIANNUAL CONFERENCES FOR ADMINISTRATIVE AND STAFF PERSONNEL, AND (6) A GIFT-OF-THE-MONTH PROGRAM, FROM ATTENDANT TO RETARDATE, ALLOWING ATTENDANT TO ASSUME ROLE OF PARENT, AND PATIENT TO RETAIN POSITIVE MEMORY OF GIFT GIVER. THIS PAPER WAS PRESENTED AT THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION ON MENTAL DEFICIENCY (90TH, CHICAGO, MAY 1966). (PF)

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INTRA-INSTITUTIONAL ADMINISTRATIVE PROBLEMS: A PARADIGM FOR EMPLOYEE STIMULATION*

Charles C. Cleland

The University of Texas and The Brown Schools

and

Robert F. Peck

The University of Texas

Numerous authorities (Dykens, et al., 1964; Christman, 1959, Taylor, 1964) in the institutional field have suggested that if institutions are to produce beneficial changes in patients, the staff must find their institutional experiences rewarding. With adequate employee rewards, it is likely that employees would develop positive feelings toward the institution and patients alike. However, within the average institution for retardates, employee social rewards are seldom adequate. The evidence suggests such rewards, at the application level, seldom approach the existing state of knowledge about motivating employees to work in an interested, alert manner.

What knowledge is there and how can it be applied? Butterfield and Zigler (1965) assert that length of institutionalization ". . .is perhaps the most often used measure of social deprivation," and other studies (Green and Zigler, 1962; Doll, 1945) have suggested that institutionalization is productive of deleterious effects on the social behavior of retardates. At a lower level on the phylogenetic scale, Harlow (1962) has observed behavioral deficits among socially deprived monkeys. Social deprivation produces behavioral deficits and there is no evidence that the institutional employee is immune from this effect. If, as the plethora of opinion and evidence suggests, the institution is a non-stimulating and socially depriving experience, there is every reason to believe that employees and patients alike may be affected. In view of increasing demands for institutional employees, this appears to be a propitious time to examine not only what is needed by the patient but also what is needed by those who will serve the institutionalized retarded.

Two brief statements from attendants underscore their initial perceptions of the institutional milieu. An attendant with more than ten years' tenure was interviewed by Cleland (1957) and stated:

> ". . .some of the people coming to work on the wards have the idea that it's more of an orphan's home, or something

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> like that. . . .when they see that the patients look different than any people, children or adults, that they've ever seen before, they just cash in. Guess the smell of some wards is a little hard for them to get used to, I know it was for me, when I first came here."

Similarly, interview material obtained from a neophyte attendant by Bensberg and Barnett (1964) reflects vividly on the social realities:

> "An alert woman pointed out the anxiety, disgust, fear and extreme aloneness she had felt when placed in the dayroom with 50 hyperactive, screaming teenage girls. She did not know their names nor what she should be doing. She stayed with the job only because of the support and interest given by the building supervisor."

Although recitation of such experience could be extended ad infinitum, it seems certain that social deprivation exists for half the waking hours of the most numerous employee group in institutions: the attendants. Admission into a work world where the attendant is placed in the position of being a minority of one, or a few, against a deviant majority is both qualitatively and quantitatively a unique experience for most adults. It is lonely, frightening, and often so different from anything seen before that it defies initial emotional acceptance. The attendant often expresses such feelings about patients in a relatively undisguised manner. However, as the following section suggests, these same feelings are also experienced by professional staff members, although the influence of education provides some disguise.

Avoidance and Deprivation

Among those presuming a knowledge of institutional dynamics, one commonly expressed criticism of attendants is as follows: "All we need to do to have better institutions is to get rid of a bunch of old-time attendants. All they do is gripe, start rumors, and resist every move progressives try to make." Low morale, high turnover, and resistance to change are of frequent concern within institutions and are often evidenced in gossip, rumors, and petty strife. It is possible that these behaviors, i.e., gossip, rumors, etc., are analogous (although decidedly more subtle) to the stereotypys, soiling, escapes, and other behaviors manifested by the patients (Cleland, et al., 1962; Cleland and Clark, 1966; And Cleland, 1961). If, in effect, patient behaviors of a stereotyped nature are self-stimulating, as certain evidence suggests, (Berkson, 1963; Hollis, 1965) it seems reasonable to believe that this phenomenon of self-stimulation may be exercised by employees as a defense against social and perceptual deprivation. Evidence was recently presented (Peck and Cleland, 1966) to suggest that the higher the status of a person in the institutional hierarchy, the further removed he is from the patient. Sullivan (1962) suggests that such

professional avoidance is probably due to the fact that the patients have little status to bestow. Regardless of the causes of avoidance, Taylor (1964), Kahne (1959) and Scheff (1961) have all reported the occurrence of avoidance, or social distance of professionals from patients. This being true, a similar lack of social reinforcement or attention would be reflected on those who are with the patients, i.e., the attendant. It is important to note that although professionals are vocal in reciting the need for more social workers, psychiatrists, psychologists, and special education teachers to lend vitality to institutions, these same professionals fail to choose this field as their major interest. Warren and Turner (1966), studying 403 students and professionals in the helping fields, found preference for working with retardates to be consistently low, and the severely retarded were the least preferred by all professionals and pre-professionals. Brown (1965) studying 1,167 psychiatrists, found interest in working with retardates to rank as their last choice. Even more important for institutions, however, was the author's finding that among psychiatrists interested in full-time center work, 40% were currently employed in institutions. "Thus. . . .if all those interested in full-time positions were to obtain them, the New York State Mental Hospitals would lose about 96 members of their medical staffs." Similar lack of interest in work with retardates or institutions are reflected among social workers (McCornack and Kidneigh, 1954). A broader and perhaps even more important symptom of social deprivation is seen in Wells and Greenblatt's (1956) study of psychiatric aides. In investigating what aides disliked about their job, the "one thing they didn't like about it was the way people outside seemed to feel about workers in mental hospitals."

Although the experience of institutionalization may be considerably more complex than commonly believed (Cleland and Patton, 1966), there is the possibility that deprivation effects may be magnified as employee tenure increases (Butterfield and Zigler, 1965). To complete the conceptual scheme, however, required additional evidence, plus a brief look at proximity to retardates and to some behavioral sequelae of this proximity.

Employee Behaviors and Proximity to Retardation

If, as has been suggested, social deprivation influences institutional employees, and there exists a gradient insofar as effects are concerned, the question follows, "Who is hit hardest?" The authors posit that among employees the numerically largest and the psychologically least prepared group, i.e., the attendants, are subjected to the greatest amount of deprivation. Actuarially, their turnover rate, highest of all ranks, would suggest the validity of such an assertion; but more direct evidence exists. Cleland's study (1957) of long and short tenure attendants revealed that the long-tenure group scored higher on the California F-Scale (Adorno, et al., 1950) than any group reported to that date. Jackson (1964), in turn, has indicated that "F-Scale scores were found to correlate positively with rapid and rigid structuring of novel stimuli. . .and with dependency upon external cues from authority." In examining rigidity from the

standpoint of institutionalized retardates however, Zigler (1961) suggests that the frequency of complaint, persistent, or apparently rigid behaviors may most parsimoniously be related to the amount of social deprivation experienced. Thus, if Zigler's reinterpretation of "rigidity" is valid, the "apparent" rigidity of attendant behavior may simply represent a reflection of strong need for support and approval from external authorities.

As the interviews cited above illustrate, the impact of social deprivation is strongly manifested at the attendant level. Accompanying this social deprivation is strong, negative emotional arousal when confronted with pathology en masse. Recalling the attendant who remained "only because of the support and interest given by the building supervisor," Gerard (1963) cites Schachter to the effect that ". . .an individual, when emotionally aroused, will seek the company of others who are confronted by the same emotion-provoking situation." In Gerard's experiment, involving two degrees of emotional uncertainty but where the S_s received varying amounts of information, he concluded that "When fear is aroused we find greater affiliation, the greater the uncertainty." The ambiguities of the attendant role, in contrast to those of the psychologist, plumber, or physician suggest that the effects of social deprivation are indeed most strongly at work among attendants.

Conceptually, the case for attendants' apparent resistance to change (rigidity) and other behaviors would appear to merit consideration within Zigler's framework. Seeking external support is normal behavior under situations of ambiguity (Farina and Ring, 1965; Cantril, 1947; Mead, 1953); and under controlled laboratory conditions Sherif (1948), Asch (1953) and others have demonstrated the effects on individual behavior when subjects are faced with a majority whose behaviors are contradictory to sensory evidence.

All of this evidence might suggest that attendant attitudes toward more seriously retarded or back ward patients would deteriorate over long time periods. In studying the attitude changes of mental hospital attendants on "front and back" wards under quasi-experimental conditions, Gerjuoy, et al., (1963) found this relationship to obtain. They concluded that indoctrination was ineffective in changing attitudes of back ward attendants, and that such attendants' attitudes toward patients tended to become less desirable over time, i.e., in terms of patient curability, ability to work, etc.

Such studies point toward the existence of a deprivation gradient among employees and patients alike. Among patients, the effects of institutionalization have been too well documented to require discussion and the interested reader is referred to the work of Zigler (1963), Badt (1958), Clarke and Clarke (1954), and Cleland and Patton (1966) for information on the effects of institutionalization on retardates.

Acculturation Influences

The antecedents of behavioral change among institutional employees can be examined in yet another framework--namely, that of acculturation. Although studies on acculturation, culture change, assimilation, etc., have been mainly the province of sociologists and anthropologists, there is an important and long-neglected message for those interested in employee behaviors in institutional settings. Levi-Strauss (1964) defines culture as:

> ". . .a set of patterns, of and for behavior, prevalent among a group of human beings at a specified time period which. . .presents, in relation to other such sets, observable and sharp discontinuities."

In discussing the institutionalized retardate, especially more severe grades of defect, it is true that retardates could not be said to create a culture in an active sense. However, by the very nature of their behaviors and their overwhelming numbers, they do form a population majority to which attendants, and to a lesser extent professionals must partly acculturate themselves (Peck and Cleland, 1966). Ruesch (1953) suggests as much in indicating that:

> "transition from childhood to adulthood, from the family circle to the wider social environment, from civilian to military life, from one social class to another, from rural to urban living, or from ethnic to American, really constitutes a culture change."

A deeper understanding of attendant behaviors may be facilitated by considering the concept of acculturation. Cuber (1947) states that "A person who has been socialized in one culture may later come in contact with another culture. Through interactions with people in the second culture, he gradually, but seldom wholly, becomes assimilated into it." To understand more fully the acculturation process that must occur between attendant and patients, an analogy from comparative psychology is instructive. Hebb (1954), discussing chimpanzees and their human caretakers in initial contact states, "Most of the time the chimpanzee is no more angry or afraid than his human caretaker, and frequently less. The thing that one fears another does not." All of this underscores the emotional dialectic facing the attendant and, to a lesser extent, other employees of the institution.

Unlike attendants, the professionals have a wider social and emotional distance from the patient. Professionals function only a fraction of their duty-shift in direct contact with patients. Their stimulation derives, to a far greater extent, from contacts with other professionals, volunteers, parents, etc., within the institution. Additional social anchorage occurs through reference group membership in civic and professional bodies external to the institution.

By contrast, attendants are non-joiners and indeed, few reference groups may be open to them because of educational limitations.

Where then, during the course of acculturation to a novel work role, do attendants turn? What groups offer anchorage? Some of these mechanisms have been discussed earlier (Cleland, 1964; Peck and Cleland, 1966; and Cleland, 1962) but a look at industrial studies affords an even better perspective. Bass (1965), studying reasons why workers join unions, isolated five basic grievance clusters: economic security, job assignments, union rights, supervision and working conditions, and different uses of coercion. Bass foresees among the rapidly expanding service industries (and institutions for retarded fall clearly in this industrial class) growing disputes about recognition of the union as the bargaining agent. Union membership, in industry, constitutes an important reference group for lower paid, lower-ranked operatives; and insofar as individual perceptions of complex and ambiguous situations are concerned, Stagner (1956) points out. . ."there can be little doubt that a major role. . . .is played by reference groups." He further suggests, that "The importance of a national union or trade association lies not so much in the fact that such groups are representative of their members; rather their chief significance is that the positions officially adopted by such bodies provide reference points for members, many of whom uncritically adopt the views of their organizations."

Viewed in relation to clique formation among attendants, the manufacture of "frames of reference" or "anchorage points" is seen as merely one aspect of adaptation to large, complex, and often ambiguous social organizations. Professional and civic associations provide established points of social anchorage for physicians, psychologists, administrators, etc., and constitute one deterrent to undersired acculturation to the patient milieu, for institutional employees in the professional-administrative category. Attendants have no such external sources of moral support and membership to help them withstand an unwanted acculturation to the world of the retardate.

In view of a multitude of published works which indicate that attendants are poorly paid, are most numerous among employee groups, are indispensable, have the poorest working conditions, are less well educated, are in increasingly short supply, and are subject to frequent frustrations, it seems high time to apply what is already known about human behavior to improve their condition. Whether one adopts a social deprivation-motivational model, or an acculturation viewpoint, improvement of attendants' need-satisfaction and consequent improvement in patient welfare is the clear objective. To achieve this, a systematic approach is needed which will enhance communications between professionals and attendants by reducing the value discrepancies and social distance now separating them; break up or reduce the "over-acculturation" of the attendant to the patient "culture," provide stimulation from higher authorities; and otherwise give substance and reward to a job which everyone maintains is crucial.

An Employee Stimulation Model

It has been suggested that employees, like patients, suffer from social deprivation as a function of "institutionalization." The

research evidence supportive of the picture presented is admittedly incomplete. Nevertheless, it appears timely to present the components of a paradigm which, for reasons already advanced, will give heaviest emphasis to the most deprived employee--the attendant.

The six components of the following paradigm: sabbaticals, role-rotations, consultant-stimulants, training ward, conferences and gift-giving are suggestive only, since institutions, like their human constituents, reflect wide individual differences. However, if there is validity in the foregoing remarks, the components do suggest a point of departure and indicate the range of personnel included both as agents of social stimulation and recipients as well.

Sabbaticals

One means of reducing the possible negative effect of over-acculturation to the patient culture would be to provide paid sabbaticals linked to seniority. Since one relevant study suggests that acculturation may occur following approximately three years (Lorenzo, 1955), such sabbaticals would best occur subsequent to each 2-½ year service period. Sabbaticals would be educational leaves wherein the attendant would receive a fixed amount of time to visit another institution, or community-based clinics, to study or teach in that setting. Being awarded full travel, pay, and perhaps going in company of a peer, should introduce a source of new ideas for the institution, motivate the attendant, and build up a staff sensitive to necessary changes.

Role-rotation

Most institutional administrators are familiar with employees' periodic requests for transfer. Quite often these arise out of the individual's dissatisfaction with co-workers or dislike of the supervisor. A host of other reasons could be advanced. It is possible, however, that the employee may be giving another sort of signal. He may be saying, "I've been doing a good job; I want to continue working for the institution; but I'm bored or insufficiently challenged." As the earlier discussion indicated, there are strong and continuous pressures brought to bear on attendants by patients. Therefore, such transfer requests may reflect only the human desire to re-establish social anchorage, to "touch base" with normal people in the work setting. If this logic is valid, the obvious thing to do would be to develop, in conjunction with the personnel department, policies permitting and even encouraging role-rotations. Thus, although an administrator might, at first thought, prefer attendants to identify with their patients and stay put, there are those who cannot. It is well to consider ". . .that most of the attendants leaving the field carry with them some dissatisfaction" with the institutional system (Cleland, 1964) and since shortages of sub-professional personnel in various institutional jobs are acute, a need exists to retain such persons. A rotation plan could salvage those who are occupationally misplaced within the institution (and selection procedures aren't perfect). Such a plan would help other sub-professionals to learn

more about the global treatment picture. The evolution of a pool of persons having experience in several sub-professional jobs might become an effective communication bridge in helping employees to know that "problems exist in all departments, not just one."

Safeguards would need to be taken to insure against retaining, via role-rotation, the psychopathic job-hopper, or others with questionable motivations. Salary levels should be approximately equal, to thwart the chronically dissatisfied, salary-motivated job-hopper. Criteria would be specific to a given institution's needs. Once the policy of role-rotation is approved, this policy should be formally stated in the personnel handbook. Variations or modifications would be subject to review, and personnel research should be incorporated into such plans to provide cost, turnover, and budgetary information.

Consultants as Stimulants

The availability of Federal assistance to institutions to encourage employee training provides a third approach to staff stimulation. Many institutions already hire a number of medical consultants and professionals from the socio-behavioral sciences. Motivations for hiring consultants range from a genuine need to political motives. Unfortunately, in cases falling into the latter category, wherein the hiring institution expects to receive increased goodwill, the reverse may occur. If the consultant merely calls on the institution, utters a friendly word, and signs the pay voucher, both the institution and the consultant may feel cheated. If the consultant is sincere and ethical, and most are, he may feel that the institution is using his services poorly or that his recommendations go unheeded. The consultant with special skill or advanced technical training moreover, may assume that he possesses an equal sophistication about organizational-administrative affairs within the institution. Rarely, however, do consultants have the "big picture" about internal affairs; and unless a knowledge of system limitations and strengths exists, the consultant may be confused and angry because his "pet" recommendations are not immediately implemented. Should such feelings arise the consultant, in social contacts with professional reference groups, may reflect this hostility toward the institution--thus verifying what the group members already (in too many cases) believe, i.e., "institutions are staffed by incompetents," thereby adding to the already existent stigma.

To prevent this, it is recommended that training programs include the professional consultant. In this manner, consultants would be paid their standard fee to actually learn more about the people who staff institutions, and the organization within which any suggestions must be tested. Consultants usually possess little knowledge of line and staff relationships and this, in turn, may be unwittingly reflected in recommendations which would undercut established lines of authority, recommended treatment procedures which would suddenly redefine the established duties of certain

positions, and other suggestions which ignore the human realities of the institution.

It is not too much to ask of a consultant that he know something of the organization from which he receives pay. Since the bulk of institutional direct-care personnel are attendants, it is recommended that consultants attend training classes for this group, or ideally, an admixture of attendants, supervisors and professionals. Aside from acquiring a closer relationship with various staff levels, formal knowledge of the socio-historical forces operating in the institution and the likelihood of enhanced mutual understandings should help resolve value discrepancies. One counterarguement for consultants' inclusion might be the arousal of status anxiety. Conflict over basic values represents another. However, such conflict already exists (Barnett & Bensberg, 1964 and Shotwell, et al., 1960) and since treatment strategies are not identical for the attendant majority and the professional minority, one path to an improved agreement on child-rearing practices might be hitherto untried mixtures of personnel simultaneously undergoing in-service training.

The direct involvement of consultants, whose community visibility and professional status often exceeds that of their institutional counterparts, represents tangible evidence of the institution's valuing of training. In addition, attendants' identification with the institution may be furthered by the awareness that "sharing high-status" personnel is administratively encouraged. Through sharing consultants with attendants, the administrative-professional group provide concrete recognition of the attendants' place on the treatment team and may prevent arousal of attendants' feeling "It embarrasses them to have to admit to 'big-wigs' that we exist." For consultants, acquaintance with attendants' direct, first-hand experiences could enhance their value to the institution.

Training and Observation Ward

Another aspect of the proposed stimulation model involves construction of a ward for training purposes, to permit and encourage what Harry Stack Sullivan (1962) has described and elaborated as "participant-observation." Such a ward would permit a daily rotation of patients by intellectual, sex, and age grouping, for time periods arranged to meet the institution's schedule. Introduction of new attendants to patients on a gradually descending intellectual spiral, for example, would permit a more gradual employee adjustment.

To reduce traditional status differentiations among staff levels, a variety of personnel would be included in training classes, as discussed above. Informal, street attire for trainees should further reduce status typing.

With a blend of appropriate architectural innovation in the design of training facilities, and with guidance from the behavioral sciences, employee interactions and observational skills should

simultaneously improve. An appropriate building might be of single-story construction. Centrally located within it, a large, mezzanine sub-structure could be suspended. Walls of heavy, one-way glass would permit observation of patients by trainee personnel. If this facility were made the center of the institution's canteen, all attendants could observe the changing groups of patients in the observation room, during coffee breaks and at other off-periods. While the need for staff stability may continue to make it desirable to pre-assign attendants, upon hiring, to a given type of retardate or ward; periods of observation of patients of varying intellectual levels should facilitate familiarity with, and acceptance of all retardates. Thus, in company with peers, in a planned educational facility, the "culture-shock" previously experienced might be reduced.

One objection to such a plan might be, "We don't hire enough employees, or our turnover is so low that we couldn't justify the cost of such a building." Ideally, all employees should be on continuous training programs, perhaps with refresher courses staged for each employee in alternate years. (Especially should this occur in view of the volume of research currently in progress which has practical implications for the treatment of retardates.) To further overcome this objection, it should be noted that imaginative use of such a building could be planned for volunteers, university students, and perhaps parents. The training atmosphere could be enriched by two-way communications to the patient floor. The scheduling of time spent in guided observation, lectures, or film viewing could be arranged by training and administrative personnel to meet specific institutional requirements. Costs might prove justified too if careful records on turnover, accidents, etc., show that such expense items are reduced by improved training, as there is some reason to believe.

Other unique technical or scheduling features that could be incorporated into the proposed training laboratory would undoubtedly occur to the imaginative administrator. As Festinger (1951), studying group attraction and membership influences among apartment dwellers suggests, ". . .slight architectural features had important effects on the social life of the residents." It is likely that similar results would obtain in the institutional context. Although the reader may see little difference between this facility and the medical school ampitheatre, differences are significant. The facility prescribed in this section would insure opportunity for all to be exposed to similar observations of mobile patients--a factor enhancing the probability that employees, at whatever level, are talking about the same "things."

Semi-annual Conferences

Another stimulus for institutional employees is direct involvement of remote, institutional-system "brass" in the affairs of the institution. In states having multi-institutional operations, the top administrator over all separate institutions is known to operative level employees most often as a "signature" on the bottom of an official directive. In order to provide more direct contact, semi-

annual meetings should be scheduled for each institution. Two levels of institutional employees would participate; those in supervisory and managerial positions, including top administrators from state headquarters (regardless of disciplinary background), and charge attendants. Several methods might be divised for selecting institutional attendants to attend such meetings, but the obvious possibility would be based on tenure. These meetings, carefully planned to promote relatedness between administrative objectives and institutional realities, could enhance morale among attendants and permit system administrators to gain a somewhat more intimate knowledge of institutions under their direction (Drucker, 1946). Policies, problems and mutual concerns could be more easily isolated. Attention given by the "top" people has already been shown to be important in upgrading morale and productivity in both industry (Roethlisberger and Dickson, 1957) and institutions (Cleland, et al., 1962).

Gift of the Month

To strengthen the identification or bond between patient and father or mother surrogates (i.e. attendants) requires establishment of a mutually rewarding activity. One such activity would be to select certain wards and provide the attendant with toys, candy games, clothing, etc., on a regularly scheduled basis to provide to all patients under his charge whose behavior merits a gift. The attendant already has numerous, and often unpleasant duties, assignments, and discipline to bestow and such sanctions are infrequently of their making but rather, are delegated from professional and supervisory personnel. Insofar as parent-child relations are concerned, the attendant is forced into a role that increases, rather than decreases, the psychological distance. In the gift-giving approach, a systematic manner of promoting closer parent-child interaction is afforded since simultaneously, it allows the attendant one of the joys of parenthood and stamps a strong, positive memory of the gift giver on the patient. As such, it could help eliminate the patients' oft-distorted perception of the attendant as "a punitive parent" and possible avert, when the patient reaches adulthood, a chronic authority problem. Such gifts, perhaps obtained through established volunteer services, would not need to be expensive and precautions, try-out, etc., would be tailored to reflect the uniqueness of each institution.

Adapting such a technique to institutionalized retardates would require a delineation of appropriately rewarding gifts. Variables to consider include age, sex, ambulatory status, mental age, etc. Also, variety of gifts should be sufficiently broad to maintain the novelty effect, and wards having comparable patients should reeeive equal value items to preclude attendant rivalry. These considerations, along with a determination of meaningful time intervals for bestowal of gifts, would constitute the pre-implementation phase. Such a technique, onee installed, could serve a variety of objectives. It could encourage healthier relationships between gift-giving attendants and their children, improve retardates' awareness of time, in-

still a more effective method of discipline, and upgrade attendants' morale. It could also serve to encourage homogeneous ward groupings. Since attendants are required to be parents to the children, and since most people enjoy doing things for children, it seems natural to place this distribution of reward function at the attendant level.

Institutions without good organization would be most likely to fail in implementing such a procedure as the "Gift-of-the-Month." Implementation as to cost, type of gift, etc., might best be worked out through established volunteer services, or by an intra-institutional committee. Thus, patients, attendants, research staff and volunteers could all theoretically become involved and stimulated by this technique.

Conclusion

Hopefully, the theoretical and action aspects of the foregoing will not only stimulate employees but will afford a more unified approach to researchers interested in institutional dynamics. To administrators, who possess the ultimate authority and responsibility for employees and patients alike, Linton's (1956) advice is relevant: "In any society, the innovator who is of high social rank has a greater initial advantage."

The innovator, despite the status advantage, has the additional responsibility of demonstrating the merit of new techniques. The six aforementioned components await research evidence that will support or refute their efficacy in institutional practice.

These are only a few concrete ways in which attendants (and other employees) might be helped to overcome the culture shock and the social deprivation of life among the retarded.

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